Case 2:06-cv-00/48-MEF INCLUDE COMERT 30 CHERCH OS/19/2000 (PSGEWON 24 The Middle District of alabama Northern Division James S. Huffman. RECEIVED
Plaintiff 2867 MAR 20 A 9: 54
Vs.
Southern Health Partners. 206 CV-748-MEF et.al. Defection So Recommenda-tion of Magistrate Judge Comes now your Plaintiff James F. Huffman in the above styled Cause/and would make this his Objection So the Recommendation The magistrate Judge to dismiss his original USC \_ \$ 1983 action pend ing before this Honorable Court and he Would support such objection as allows: 1. your Plainiff was incarcerated in the Clutaga Colinta metro Jail when he filed historiginal UBC \$1983 action against the Respondents; i.e. The Southern Hollh Partners Services and the autauga County Commission, et.al. on august 22,2006 maintaining inadequate medical treatment due to the Southern Health

Partners, the medical contractor of the Rulauga County Metro Vail due to their Mind discontinual his heart medi-Cation; specifically Planix 75 mg Zacor oma, no well at the refusal to preribe or administer hist pain mediation of Percocet back traduma, and their refusal to administer his depression medication to treat his bi-polar/manic depression medication of Smbijar 65/25, as well his medication prescribed him a severe anxiety condition: spec-My: Xanax 2 Mg twice a day. there resusal to give ase medications coured easth to deteriorate drastically and in fact resulted in him expertencing bt of severe pain in his re back pain along with severe Severe anxiety - physical and These which desulted in his having to be admitted to the Skelby Baptist Wherein he had to have Catherization procedure and

in a \$33,760.00 hospital bill. 2. On 6/0tober 27, 2001, 2006 and november 27, 2006 the Defendants submitted an answer and written reports which contained relevant evidentiary materials reluting the allegations presented in your Plaintiffs instant complaint at bar. The Court issued an order on November 28th, 2006 advising Claimant to file a response to the Defendants Written reports (DOC NOST) Plaintiff was advised that his failure to despond to the Defendants Written reports would be treated by the court "as an abanconnect of the claims set forth in the complaint and as the Kailure to prosecute this action". Plaintiff was "specifically cautioned that his failure to file a susponse compliance with the directives of this order" would result in the dismissal this case, however, due to the extraordinary sets of circumstances of your Raintiff's homelessness after his klea on the autaugas County metro Jail

( Therefore, ) Was impossible to respond with an rswer addressing the Respondents inswer to the 42 USC \$ 1983 claim he Plaintiff in the instant case at sought refuge in the Salvation army bana 36/04 where he was Illawed to enter the mission at Mary day, and was required to lowe (Mission by 7:00 Add each morning, with the fast he has nor any envelopes or espondents answer and written reports britted to the Court on October 10, 2006 where he velope anex n another "dient resi tonorable Could sometime between

Loud persons oherein he cited L such documents ation army of nission somet between December 24, 2006, and anuary 10th 2007, properly edicts" at the Salvation to leave the Countill Was Made enthy day between 124:00 PM, where he had no place else to go so he was exposed emented, rain, cold and wind every day, until finally he passed

sital on one occation, and to ion Hospital upon the hest pain, shortness of Greath, d coughing to the extent conscioushess and Haunes ambulance. and the most gonery Palame to Kwaid Wherein rushed to the hospital with the sus-pect of preumonia or a heart attack due to expense to the severe cold Weather and the rain. your Plaintell Dought refuge accepted into the Iriend Whip TWE Presontenian Mission our + Homedess, on Aanuary 34, was accepted into this ly a period of three w rad ho income, no a paper, envelopes or stamps while his mission, therefore he respond to the Defendant's Answer Oridences Delminkly to refute ntions of in addequate medi-Cal treatment lin his original

Your Plaintiff left the Driendship lisation on Jebhuary 13,2002, where he was assisted on a busticket na in order for your Deek refuge in the Jumpy Ha Jan Debruary - unable to pay the U#50 to stay in the Jimmy Hale mission I he did not home a drug prob herefore he wouldn't committe to month program, wherein hat one could not ent for six months, therefore caintiff was told to seek shelter ce your Plainte est else to go he ha eoral Creasman o - circumstan ame and picked your Plaint hotel I where 1. \$74.05 in order a place out of

moved Plaint If to another hotel, i.e., Economy Lotage where he rented r Plaintiff a moon on a weekly \$168646 in order to secure your Plaintiff a place of rest and elter in which he coul her programs availab Rinningham, ola Paintill was Detous obert Martin on Active A at 518 17th Street North, Rev Mabama 35020; telephone 28-3847, where your Plaintiff has emained sence-that da Paintiff did not receive a copy of he Defendants' Response to Original claim ( which they filed with the Honorable Court on, nowanter 27, 2006) until 21st, 2007 when h amona Blankenship mailed him a Oppy sent to her address of 2562 Windhester Road, Montgomery, Alabama, 36106 by the Hornrable Court due to roun Plaintiff's request for copies all documents filed since his kaving

-the Autauga Courty Jail on er 28, 2007, because copies of documents. autauga Metro Sail e montgomery county e address s the MCDF ion the Honorable Court elendants' never caught due to the MeDF ris lead work brought com the autauga to fail, and their represal to sine legal work it made it Kinto respon endanto Special Repor Defendants to the HZ ellenber 3 would cite those and extraordinary sets nounstances which preclude m addressing the Defendants Special

the Honorable Court on Wovember 2006, and which piecluded him from meeting the deadline of the Court's orded granting him an exten-tion of time which expired on Jebruary 28年1200分 he Canaway Hospital on Jebruary and severe anxiety and back pain the to his having hun out of his daily medications on Jebnuary to Coloper Green Hospita erson County Health's White the bruary 25 N could receive the medical ance drom this county. sour Petitioner was ouper Green Hospital 207. Wherein he was a liven lon his ti-polar diserter, bevere back pain and depression, as well last condition. guer a stress test to determine the

March 7th and 8th, 2004, your Plaintill was discharged a given the correct medications for the treatment of his serious physical and emotional conditions on Debruary 8th 2007. your Plaintiff was contacted by Doctor Sherwood m.D. of Creeper reen Hospital on Wedresday March 4th 2007 and told the stress test came back with some abnumalties regardine Plaintill's heart so he was instructed to chech to the hospital washe Cooper Theen Emergency Room on March 15,2007 where he could be given a reart catherization by the Cardiology spartment on manda 16th, 2007 to etermine what blockages were now existing in his heart arteries On March 19th 2007 your Plain-Was discharged from the hospital and told to follow-up with UAB Cardislogy and the Coloper Green linic to be seen by a Doctor pormalties, his severe back problem, his severe circulation problem, as Well as his bi-polar disorder

It was determined by the treat cath med by UAB Cardiel 2th 2007 that moun Padin % blochage on total och on of right coronary antery but apollaries had developed about clusion bringing abou cintill's Ghosont, it was decided to longo open heart -bass surgery and to treat your daily medications, unless. another spisode of severe chest p minimal movements. It is important to note that Plank 15mg was prescribed to be continued on a dally bas oto Skonwood and UAB Condiologi refusal to give your Plaintig all liblihood resulted sour Plaintiff would cite these with bondingry sets o

rom meeting the Debruary 28th 2007 tion of theme granted him in order respond to the Delendants eports and conswer to your Original 42USCSP83action, Hour Countill would suggest that to officiounstances would, Seine betta ordinary in no reclude your Plaint iff from meeting bruary 28th 2007 deadline to le & bond to the Court's orders and your thoner would pray these extrardinary circumstances would excuse -default of the Honorable Court's der Murray v. Carrier, 4770. 85 106 S. Ct, 2639, 2644, 3917, (1986); Wainwright 72, 87, 91 5, Ct. your Plaintill would conte il otionable lactors externa intiff which impeded his meeting order of the Court, therefore his lains should not be dismissed for lack prosecution under Rule 41 (6) Wright

your Petitioner would object to the Judge's Pecommenaordinary city Lor not much to deadline o 82003 in which he w I he would ask the cour delay in answer/response Iton and evidences did not intentionally the orders of the ourt, and he would pray

intill's being released from augh County metro Jarl on sumber 89th, 2006 and being transred to the Montgomery County ention Dacility where all egal du documents were conf on him by the montgomery county Stertion bacility of poulmon 29 2006 which was precluding him from arswering the Respondant's written reports and evidence submitted to the court refuting his contentions 4. Your Praintiff was released from the contines of the montgomery County Detention Jacility on December 28th 2006 but due to his being in a homeless condition due to his home having been foreclosed on during his incar ceration period, he had to seek refuge in the Montgomery alabama Salvation larry mission Center on Bell Street in Mort gomery our Plaintiff had no writing extertals nor did the have the copies the documents

Respondents opposition, and claims as suidenciancy documentations reluting his comperints due to the fact the MC OF had confiscated his legal papers from him and the fact that once these documents were returned to him when Plaintiff's aunt, Mrs. Ramona B. Blanbenship of Wilson, Price, Blankership and Bananco Inc. personally went to the MCDF Supervisors and demanded his legal documents beginn back to her in order for her to got them + deliver to your Plaintiff at his locale of the Montgomery Solvation army Mission on Bell Street in Montgomey. 5. Upon Plaintiff's Quent Ramona Blankership's attempt to deliver the legal documents to him at the Salva-Loon army Mission the administration refused to allow these documents to be given him citing their rules of the clients there not being allowed more han hygaine products, and three changes of chother due to the lack of space available to store Desonal items. his precluded your Plaintiff

from filing a response to the Defendants' Written reports, and such extentions Were expired on Jebruary 28,2007. 6. Bow Plaintill lest the Salvation army Mission to seek referge from the. extreme amount of drugs and alcohol usage going on at that establishment and he sought refuge for his homelesshess and his senere living conditions at The Driendship House Presbyterian Mission for the Homeless and the Poor at 3561 mobile Highway, montgomery alabama, but was told he would have to be out of the program as of Hebruary 13th 2007 unless he could start making \$50,00 a week rent payments, which he could not due to his homelessness and his being unemployed without any income 4. How Plaintiff left there on Debruary 13, 2007 for Certainhound Buston Relocating to Berningham. alabama while he dought relige at the Himny Hale Mission on 2 kb Avenue 45 Street in Birmingham where he remained from Debruggy 13,2007 Until Jebrudry 17,2007

, Mr. Seonge Creasman of Moody, alaband placed him in a Hotel; The Park lin Birmingham - auport 7901 Crestwood Blvd, Bismingham, alabama 35210 (205) 951-0208 on Debruary 17, 2007, His friend then rescated you Plaintiff to the U.SA Economy lodge 7941 Crestwood Blud. Birmingham, alabana 35210, phone: 205) 956-8211 Room 428, where he paid \$168.46 for a weekly rate in order to give Plaintiff a place to stay until he could go stay with Wind's; Mr. Robert Martin and Debbie Shirill at 518 1740 De Street North, essemer, alabama 35020, Phone: (205) 128-3847, Where your Plaintiff been since Aebriany 25.2007 3. your Plaintiff's health is ad and hetherefore has had to be hospitalized several times since his release from the mCDF. Since being in Birminghamhe has been hospitalized at the Unitersity of Watama in Birmingam due to his severe chest pains, severe anxiety and severe back problems at Present your Plaintiff

's Objection to the magistrates Judges commendation for dismissal 2 original claim citing the fac that your Plaintiff has filed nothing in apposition to Defendant's written sports as required by the order iled on housember 22th, 2006 9. The magistrate Audge has stated "after such review, it is clear hat dismissal of his case is the proon sanction. The magistrate further maintains that your Plainte exhibited "a lack of respect! Court and it's authority as to comply with the directives of orders entered in the case. Apeculates that, "It is therefore apparent that additional efforts by this court to secure Plaintiff's compliance would be the unavailing that the Plaintiff's abandonment Claims, his failure to comply with the Older of this Court, and this failure to properly prosecute this cause of action warrant dismissal of this Case citing Link & Wabash R. R. 370 U.S. 626, 63 & (1962)

not to restrict the Court's inherent authority to dismiss sua sponte raction for lack of prosecution; nust I'm luc v. International Entertainment lac., 41 F. 3d. 1454, 1456-57 (114 Circuit 1995) 10. your Plaintill would object to the matistrate's Pecommendation he Dismissal of Plaintiff's claims due to none response to the Defendant's Unitten reports and their relevant materials reluting the allegations of what the Plaintiff presented within his instant case at 6an due to the extra-Ordinary Circumstances existing in your Plaintiff's circumstances sixtee his release from incarceration on December 28, 2006, Mour Plain would cite Illunay v. The Carrier 498,485,106 S.C. 2639, 2644, 91L. Gd 2d. 38, wherein if extraordinary circumstances can be show to support one's inability to meet the orders of the Honorable court then such extraordinary circumstances should be taken into light, and considered in order to presente à Plaintiff's plight to seek regist from the Honorabi

Court, and your plaintiff would support his contentions with the attachments, Exhibits, affectavits, and her supporting documents proving is contentions and slatements of acto herein. Plaintiff makes such statements of his own free will and undu no duress, and makes such states as being true and correct to the best of this recollection and he does so under penalty of purjury Considered your Plaintiff would request that hib USC 3/983 taction not be dismissed but relowed to be prosecuted due to the facts in support of such request attached herein. Plaintiff Would ask for this and all other relief aware table to him by the Horiziable Court as a prope litterant. Dor Phis We Dorever Pray

> Pespectfully Syphnitted, ames = Haffman - Prose 518 174 Quenue North -20- Bessemer, alabame 35020

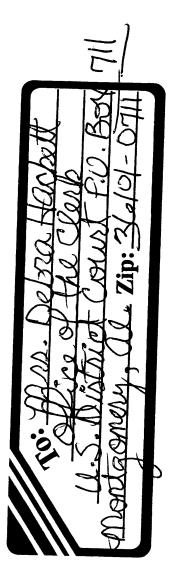
It is also important for the Honorable District Court to know e am at present filing this Objection To the magistrates Kudges Ricommendation from my hospital bed of Room 441 Cooper Green Hospital 1515 Sixth Wenue, South Birmingham, Mabama 35233 Phone: (2058 930-3200 Patient expormation where I am being treated for heart problems, which these Doctors telline were brought on by my many most months of being given my Planix Ismay my 2000 End all my other medications listed herein I am Attaching all supporting tocuments for the Honorable Courts review. I'll now be able to respond to all but notification by your noting new place of arch 18#, 2007 Pro-Se Litizd Doie Shervill 5/8/75 Quenue

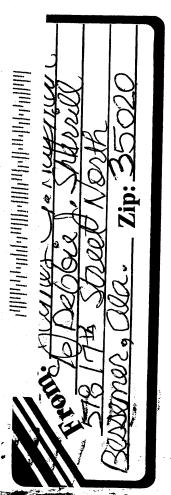
Certilizate of Service Cestify that I have delivered a copy of the foregoing Objection and its altachments to the Office of The Clerk: Mrs Debbrie Hackett Hackett District Court P.O. BOX 7/1 Montgomen Dabama, as well as the attachey's The Refendants as listed below; his the 14, day of Debruary 2007 by placing the same in the US. mail properly addressed with proper postage prepaid and affixed this the 14th day of Jebruary 2007, as well as to the Altonny of the Defendants as allows:

PLANIER FORD Shaves, and payre, P.C. P.O. BOX 2087 Huntsville, alabama 35804 2. Sheriff Herbie"
Johnson 136 N.
Court Street
Prattville, al36067

Delobie J. Sherrill Witness 03/4/07 Gessenes, al. 35020

-23- Phone (205) 428-3847

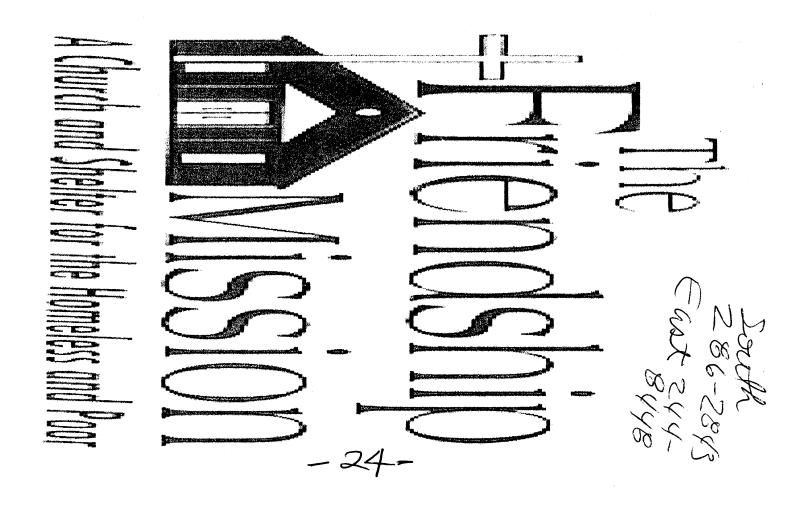




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Exhibit A proving entrance into the Ariendship House Presbyterian Mission on January 932l, 2007

EXHIBIT A"



- curfew is at 11:30 unless otherwise specified by director. 1) Lights out and televisions off at 10:30 P.M. every night except Friday. On Friday
- kept in office and administered by dosage. 3) All prescription drugs must be cleared through the office. Certain drugs will be 2) Personal radios, C D players, and tape players are to be listened to with head-
- results will result in your removal your return. You are subject to an alcohol or drug test upon your return. Positive 4) When you leave the premises for any reason you must sign out and sign in upon
- must be approved by the Pastor or the director. Violators are subject to removal. 5) Attendance to morning and evening devotional services are mandatory. Absences
- one is allowed to work on Sunday except the chores that are necessary to carry out 6) Attendance to ALL of Sunday's services are mandatory without exception. No
- tives. The office phone is for business and emergencies only. No phone calls made or You should only give the 281-9771 resident phone number to your friends and relamake and the number of calls you receive. All calls are limited to fifteen minutes. 7) The use of the telephone is a privilege. You should limit the number of calls you received after 10:00 P.M.
- thrown away in this clean up is not the responsibility of clean up personnel. will be cleaned by shelter staff. Any of your personal belongings that are lost or subject to inspection at any time. You will receive 2 warnings and then your area 8) You are expected to maintain a clean and neat living area. Your living area is
- 9) Visitors must be approved by the Pastor or director.
- property immediately. otherwise threaten a brother resident you will be removed and asked to leave our will not be tolerated under any circumstances. If you strike, attempt to harm, or 10) Personal disputes between residents should be taken to the director. Fighting

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- property. A positive test will result in your removal and a request to immediately leave our 11) Anyone suspected of being under the influence of alcohol or drugs will be tested
- 12) Only kitchen staff approved by the kitchen coordinator are allowed in kitchen.
- or in any of the bathrooms are subject to immediate removal. 13) Smoking is allowed outside building. Anyone caught smoking inside the building

- grounds for removal There are no Saturday Night Passes. not begin until evening services are dismissed. Failure to return from pass on time is 14) All passes must be pre-approved by either the Pastor or director. All passes will
- 15) Doors will remain locked and the alarm activated until 5:00 A.M. No one is allowed outside the building until then unless previously approved by director.
- moved immediately and asked to leave our property. 16) Stealing from a brother resident will not be tolerated. Anyone caught will be re-
- CHURCH. Foul language is a no-no. Please restrain yourselves while you are a resi-17) This is a CHURCH. Pornography or lewd photos are not permitted. This is a
- Absolutely no exceptions! 18) You are not allowed to work at your job on Sundays. This is the Lord's day.
- 19) Anyone leaving property without permission after being put on restriction will be removed from this facility.
- moved from this facility along with the one he is trying to cover for 20) Anyone that provides a urine sample for someone else's drug test will be re-

stand was explained to me I have read the above rules and understand them. Apything that I did not under-

Signature :



# GREYHOUND 0043 NBTA

GREYHOUND PACKAGE EXPRESS and

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	RN Signature	Basket
Physician's Signature	Till Olgitatore	

Case :	2:06-cv-00748-M	EF-WC D	Oocument 36-4	Filed (	03/20/2007 P	age 2 of 2
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16344 UED8 Rev 4/04

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:06-cv-00748-MEF-WC Document 36-5 Filed 03/20/2007 Page 1 of 19 The Company of th Park Inn Birmingham - Airport 7901 Crestwood Blvd. Birmingham, AL 35210 (205) 951-0700 Room 129 JAMES HUFFMAN Rate 64.95 1108 THORNHILL AVE Adults 1 SELMA AL 36701 Folio 140563-1 Arrival February 17, 2007 Departure February 18, 2007 Deposit Amt. Deposit Rec. Page 1 AMOUNT COMMENT ROOM DESCRIPTION DATE 74.05-1NGT RM\TX 129 CASH PAYMENT 02/17 .00 Total Tax .00 Total Charged 74.05-Total Due Billed to Cash Guest Signature \_

USA Economy Lodge Receipt # 300515417

7941 Crestwood Blvd.

Phone: 205-956-8211

Birmingham

35210 Fax: 205-956-1234 #3

Sunday, February 18, 2017 1:28pm

Arrival

Sun 18-Feb-2007

Renew/Depart

Sur 25-Feb-2007

Room Guests

**HUFFMAN, JAMES G ID52227** 

1108 THÓRNHILL AVE

SELMA

NO GUEST

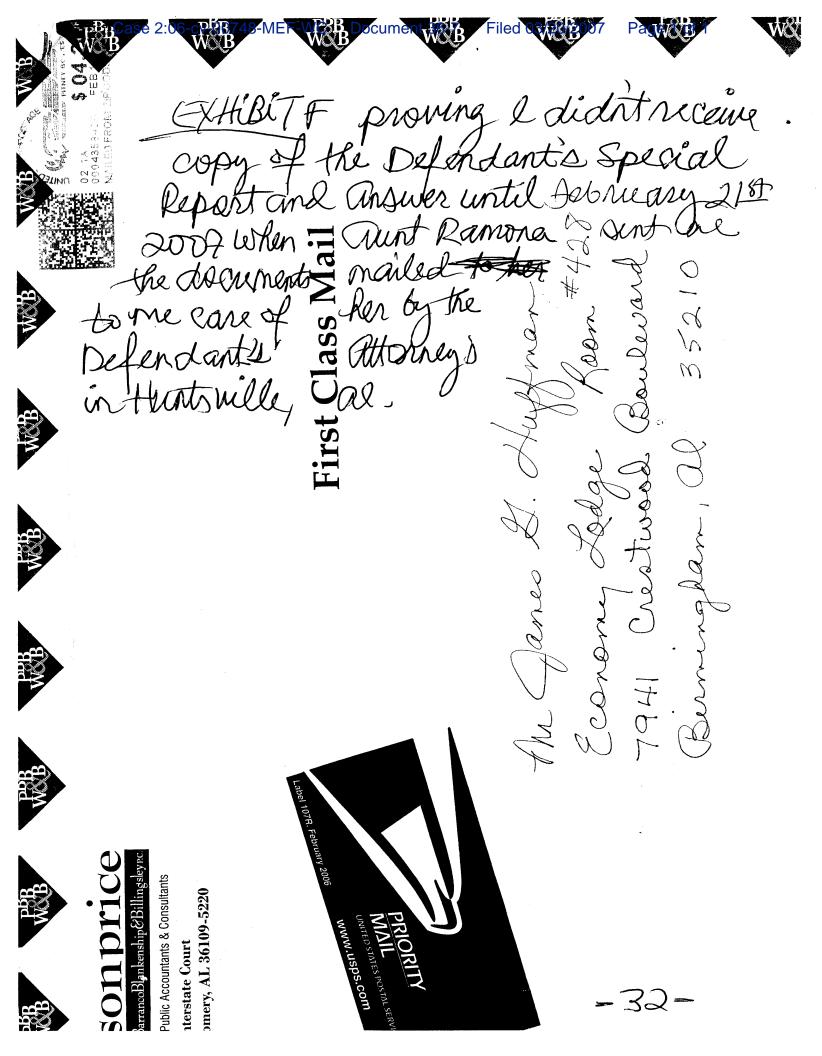
AL

### '92 NISSAN 3002 PEARL BLUE

#	Description	<u>Tender</u>	Rate [	Deposit	H-Tax	C-Tax	S-Tax	Total
	Sunday - February 18, 2007							
7	Standard King	Cash	139.00	10.00	5.56	8.34	5.56	168.46
1	Check in Deposit Payment	Cash	-10.00					-10.00
1	Check In Payment	Cash	-158.46					-158.46
Tota	a!		139.00	10.00	5.56	8.34	5.56	168.46
Pay	ments							-168.46
Bala	ance							0.00

All Late Renewal Payments Are Subject To A Late Fee Charge. All Late Charges Are Subject To Change Without Notice.

All Late Check Outs Are Subject To A Late Charge Of The Daily Room



Case 208-AVEQ Bhow HUFFMAN.	ung almission to Canaway 2/07 MET On 02/2/07 Phys	3/20/2007 CA HODIST Iclan Discha	RR.	AWA ALCEN	TER
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03406580	Procedures, Major Tests/Results			101.4	
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Trestment/Wound Care  NA or None  Incision care every	2.P RNZ- deper du prone numb	ppointment wit	h Dr.	B(H-	
	Medication Grid for Current Medications  Medication  the medications listed on this-sheet. Do Not resume  medications without consulting with your Doctor.	Breakfast	Dos.	Time Supper	Bedtime
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	Vilore 20 1 Po bid				
		1	11/0		
	March	16+1	FAT		u-

Physician Signature

I have explained this sheet to Patient/Significant Other White Copy ( Medical Record) Yellow Copy (Physician) Pink Copy (Patient) Patient/ Significant Other Signature

This sheet has been explained to me, I understand its contents, and I have been given a copy of this sheet Take this summary sheet to your next MD visit

-33-

# **DISCHARGE SUMMARY**

HUFFMAN. JAMES

CARRAWAY-HANDLEY, BEV.
Data Plate  Discharge Vital Signs:   Date MD 02/22/0 Time:  Discharge Vital Signs:   Date E
Discharged to:  Discharged by:  Accompanied by:  Wheelchair  Family  Total Control of the Contro
Personal Belongings: Dentures
Medications: *See Home Medications Discharge Summary*  Patient has received Medication Summary:NoN/A
Activity Level: Resume normal activities Restrict as instructed by physician  Special Limitations:
Special Equipment: Foley Ostomy Walker Wheelchair Brace Crutches Vertilator Trach Other:(Specify):  Instructions regarding use of equipment:
Diet:       Resume Regular Diet       Low Sodium Diet       Low Sodium/Low Saturated Fat Diet         Low Saturated Fat Diet       Low Carbohydrate Diet       Low Carb/Low Sat. Fat/Low Sodium         Other:(Specify):       Other:(Specify):
Treatment/Wound Care: None N/A Yes Care Instructions:
Call Physician for the Following Signs and Symptoms:  Temperature Greater Than: Pain Scale Greater Than: 7/0 Drainage:(Specify)  Other:
Discharge Instructions Included:
CMMC - 21073 (A copy thus be attached to the permanent medical record.)

INPATIENT

Name 1901655   Signature   Discharge Date   Discharge Dat	Name 31901655 50 Discharge Date 318/01 Time Medical Problems  1. Chest Pain 3. Paid Discharge Date 3/08/01 Discharge Medications are listed on a separate form - Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: More Date 1/08/01 Discharge Medication Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: More Date 1/08/01 Discharge Date 1/08/01 Discharge Discharge Medications Discharge Date 1/08/01 Discharge Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: More Date 1/08/01 Discharge	keyplate HUFFMAN, JAMES G Patient Discharge Instruction	ons
Name   1901655   So   Discharge Date   3/8/07   Time	Name   1901655   Discharge Date   Discharge Medications are listed on a separate form - Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.    Discharge To:   Discharge Medications List. A copy of this form and instructions will be provided to you.   Discharge To:   Discharge Medications List. A copy of this form and instructions will be provided to you.   Discharge To:   Discharge   Di	JENNINGS. MAYS. M 53 13/29/53 D. CXNISTHA	Sooper Green - Mercy Hospital
Medical Problems   A.   A.   A.   A.   A.   A.   A.   A	Medical Problems  1	Name 31901655 50 Discharge Date 3/8/07	
Surgical Procedures & Date Performed   1.	2.   Major Diagnostic Test   Results   Major Diagnostic Test   Results	Medical Problems  1. Chest Pau 3. Bodon Disorder	5 03/08/07 discharge
Major Diagnostic Test Results Major Diagnostic Test Results  1. Stress   Major Diagnostic Test   Results  2.	Major Diagnostic Test  Results  Major Diagnostic Test  Normal  A.  Your Medications: Your medications are listed on a separate form - Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To:    Home		
Major Diagnostic Test Results  1. Shows Fest   Solma   3.   2.   4.    Your Medications: Your medications are listed on a separate form - Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Nursing Home/ECF   (name)   Left AMA    Exercise/Activity Level   Major Diagnostic Test   Results   3.    Other   Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Nursing Home/ECF   Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Durance   Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Durance   Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Durance   Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Durance   Durance   Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Durance   D	Major Diagnostic Test    Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Test   Major Diagnostic Diagn		
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Your Medications: Your medications are listed on a separate form – Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Nursing Home/ECF   (name)   Left AMA	Your Medications: Your medications are listed on a separate form – Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home   Nursing Home/ECF   (name)   Left AMA		_
Your Medications: Your medications are listed on a separate form – Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home Nursing Home/ECF (name)  Another Hospital Other Detections of Left AMA  Exercise/Activity Level Manager As tolerated Diet Canadard Diet Contact the doctor.)  Patient Teaching (Checking all that apply. Document self-care instructions and when to contact the doctor.)  Smoking Cessation Alcohol Abuse Drug Abuse Foot  Care - Diabetes Glucometer Training Fever Pain  Wound Care: Pain Drainage Other:  Approx. Return to Work Date: Part time Full Time  Follow Up Appointment: Chnic: Medicare Clinic doctor is: Radard (Print name of Provider)  If symptoms worsen or in case of emergency before your appointment, call the clinic below:	Your Medications: Your medications are listed on a separate form - Inpatient Medication Reconciliation and Discharge Medications List. A copy of this form and instructions will be provided to you.  Discharge To: Home Nursing Home/ECF (name)    Another Hospital (name)   Left AMA		
Another Hospital   Other   Contact doctor if:   Part time   Part time   Part time   Part time   Follow Up Appointment: Clinic:   Medical Contact of Provider   Medical Contact of Provid	Another Hospital   Other   Chame   C	Your Medications: Your medications are listed on a separate form – Inpat Discharge Medications List. A copy of this form and in	ient Medication Reconciliation and astructions will be provided to you.
Smoking Cessation	Smoking Cessation   Alcohol Abuse   Drug Abuse   Foot	Exercise/Activity Level (name) Other (name)  Consider the control of the control	(name)  Left AMA  Coc Presclut
Care - Diabetes	Care - Diabetes		ns and when to contact the doctor.)
Wound Care:    Weight Monitoring   Other   Drainage   Other:	Wound Care:		Contact doctor if:
Weight Monitoring Other	Weight Monitoring   Other   Drainage   Other:		Fever
Approx. Return to Work Date: Part time Full Time  Follow Up Appointment: Clinic: Medical Clinic doctor is: Ball (Print name of Provider)  If symptoms worsen or in case of emergency before your appointment, call the clinic below:	Approx. Return to Work Date:    Part time   Full Time		Drainage
Follow Up Appointment: Clinic: Medicus Clinic doctor is: Band (Print name of Provider)  If symptoms worsen or in case of emergency before your appointment, call the clinic below:	Follow Up Appointment: Chnic: Medicine Clinic doctor is: Balay (Print name of Provider)  If symptoms worsen or in case of emergency before your appointment, call the clinic below:  Medicine Clinic; Call 930-3200 and ask for the above clinic on Monday thru Friday 8 AM to 5 PM.  Call 930-4205 between 5 PM and 8 AM, on weekends and holidays.  Surgery Clinic at		Other:
If symptoms worsen or in case of emergency before your appointment, call the clinic below:	If symptoms worsen or in case of emergency before your appointment, call the clinic below:  Medicine Clinic; Call 930-3200 and ask for the above clinic on Monday thru Friday 8 AM to 5 PM.  Call 930-4205 between 5 PM and 8 AM, on weekends and holidays.  Surgery Clinic at	Follow Up Appointment: Clinic: Medicine Clinic doctor	is: San (Print name of Provider)
Call 930-4205 between 5 PM and 8 AM, on weekends and holidays.	Physician Signature Affluruood, MD Patient Signature Property Prop	If symptoms worsen or in case of emergency before your appointment, call the Medicine Clinic; Call 930-3200 and ask for the above clinic on Monday to	clinic below: hru Friday 8 AM to 5 PM.
			Clinic at
Physician Signature Affiliation and Patient Signature Tumb St. Huffman	Time Discharged Nurse Signature Sclele Land PN	Physician Signature Affiliation MD Patient Signature Patient Signature	ames Situffican
Time Discharged Nurse Signature Sclele Land Pl		Time Discharged Nurse Signature Of	ele Wayshpil

Thank you for allowing us to participate in your care. Bring this form with you to your next clinic visit. **CGH** – 167

Revised 12/06

HUFFMAN, JAMES G Jkeyplatei - 38 - 693 031520 TURNIPSEED, ELIZABETH 031523**07** 

## Patient Discharge Instructions



M 53 k0/29/53 D		
31951676 50	Coop	er Green - Mercy Hospita
	. ~	
Name Discharge Date 3/17/	0]	Time <u> 1630</u>
Medical Problems	•	
1. Coronary Artery Disease 3. Hypertipidemus	5. Chronic	- Pun
2. High Blood Prossure 4. GERD	6. De press	ion Marioty
Surgical Procedures & Date Performed		
1. None /2	:	/
Major Diagnostic Test  1. Left Heart Cath Total occlusion 3.  2. RCA & good Collatival 54.	Diagnostic Test	Results
2 RCA & good collativals4		•
Discharge To: Home   Nursing Home/ECF   Other   Chambel   Other   Exercise/Activity Level   Nursing Home/ECF   Other   Other	(name)	
Patient Teaching (Checking all that apply. Document self-care instru	uctions and when to con	stact the doctor.)
☐ Smoking Cessation ☐ Alcohol Abuse ☐ Drug Abuse ☐ Foot	t	
Care - Diabetes	Contact doctor if:	
□ Wound Care:	Fever Pain	
☐ Weight Monitoring ☐ Other	Drainage	
Approx. Return to Work Date: Mund at the Part time - Full Ti	me Other:	
Follow Up Appointment: Clinic: Keepyour existing Clinic doc	ctor is:(Print name	of Provider)
If symptoms worsen or in case of emergency before your appointment, call Medicine Clinic; Call 930-3200 and ask for the above clinic on Monda Call 930-4205 between 5 PM and 8 AM, on weekends and holidays.	the clinic believe	
☐ Surgery Clinic at ☐	Clinic at	
Physician Signature Application MD Patient Signature	and Soti	wisman
Time Discharged /630 Nurse Signature	Janua 4119 (	ad (PM)
Thank you for allowing us to northing the		

or allowing us to participate in your care. Bring this form with you to your next clinic visit. **CGH** - 167

Revised 12/06

COOPER GREEN HOSPITAL 1515 6TH AVE SOUTH BIRMINGHAM, AL 35233

#### CLINIC APPOINTMENT SLIP

NAME: JAMES G HUFFMAN

BIRTHDATE:10/29/53

ADDRESS: 1316 HALL AVENUE

BESSEMER, AL 35020

MEDICAL RECORD NUMBER: 00413868

\*\*\*\*\*\*\*\*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* APPOINTMENT INFORMATION \*\*\*\*\*\*\*\*

CLINIC TO REPORT TO: <u>Southtown Clinic</u> SCHEDULED DOCTOR: CHEAN - CHERRINGTON, ANDREA L.

----

SCHEDULED WITH: CHERRINGTON, ANDREA L

APPOINTMENT TYPE: ESTABLISHED PAT VISIT 20mins

DATE OF APPOINTMENT: Tuesday

March 13, 2007

TIME TO ARRIVE: 10:20am

COMMENTS: EXAM

\*\*\*\*\*\*\*\*\*

DATE APPOINTMENT MADE: February 15, 2007

BY WHOM: Shearer, Jessica

#### PATIENT NOTICE

If you cannot keep this appointment, please call 930-3350 to reschedule or cancel the appointment.

YOU MUST HAVE A CURRENT "HEALTH FIRST CARD" TO REGISTER FOR ANY CLINIC!!!! If you need information on how to obtain a card please call 930-3377.

CLINIC A, B, & D - Please register for your appointment in the Clinic registration area located across from the Medicine Clinic. (1st Floor)

CLINIC C (GYN) - Please register for you appointment on the Sixth (6th) Floor.

CLINIC E - Please register for your appointment on the Sixth (6th) Floor.

REHAB SERVICES (PHYSICAL, OCCUPATIONAL or SPEECH THERAPY) - Register on 8th Floor

HEART STATION, ULTRASOUND, NUCLEAR MEDICINE - Register 1st Floor in Radiology Dept

RADIOLOGY (X-RAY or CT) - Please register at X-RAY (1st Floor)

Pain Clinic - 8th Floor

IF YOU HAVE AN APPOINTMENT AT ONE OF THE COMMUNITY CARE CLINICS: BESSEMER (428-3668), JEFFERSON METRO (791-6214), SOUTHTOWN (521-7587), PLEASE REGISTER AT THAT FACILITY.

All Co-payments are due at the time of service

Todos los pagos son requeridos al momento de recibir servicios

Please assist us by having your appointment slip, insurance card, and your co-pay available when you present to the registration window for service.

Por favor ayudenos presentando su carta de cita, tarjeta de seguro medico o tarjeta azul, y el deducible cuando se presente a la ventanilla de registro.

#### COOPER GREEN HOSPITAL 1515 6TH AVE SOUTH BIRMINGHAM, AL 35233

CLINIC APPOINTMENT SLIP

NAME: JAMES G HUFFMAN BIRTHDATE: 10/29/53

ADDRESS: 1316 HALL AVENUE

BESSEMER, AL 35020

MEDICAL RECORD NUMBER: 00413868 

CLINIC TO REPORT TO: CLINIC A SCHEDULED DOCTOR: BANSH - Banu, Shirin

SCHEDULED WITH: BANU, SHIRIN, MD

APPOINTMENT TYPE: NEW PAT VISIT 40mins

DATE-OF APPOINTMENT: Thursday

March 22, 2007

TIME TO ARRIVE: 8:40am

COMMENTS: FOLLOW UP AFTER HOSPITAL STAY

DATE APPOINTMENT MADE: March 8, 2007 BY WHOM: Nelson, Barbara \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

#### PATIENT NOTICE

If you cannot keep this appointment, please call 930-3350 to reschedule or cancel the appointment.

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COOPER GREEN HOSPITAL 1515 6TH AVE SOUTH BIRMINGHAM, AL 35233

#### CLINIC APPOINTMENT SLIP

NAME: JAMES G HUFFMAN ADDRESS: 1316 HALL AVENUE

BIRTHDATE: 10/29/53

BESSEMER, AL 35020

MEDICAL RECORD NUMBER: 00413868 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* APPOINTMENT INFORMATION \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

CLINIC TO REPORT TO: Southtown Clinic SCHEDULED DOCTOR: CHEAN - CHERRINGTON, ANDREA L.

SCHEDULED WITH: CHERRINGTON, ANDREA L

APPOINTMENT TYPE: ESTABLISHED PAT VISIT 20mins

DATE OF APPOINTMENT: Tuesday

June 19, 2007

TIME TO ARRIVE: 9:20am

COMMENTS: LBP

DATE APPOINTMENT MADE: March 13, 2007 BY WHOM: Shearer, Jessica \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

#### PATIENT NOTICE

If you cannot keep this appointment, please call 930-3350 to reschedule or cancel the appointment.

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